

ADA REASONABLE MODIFICATION COMPLAINT FORM

The Jule prohibits discrimination in employment, educational programs, services and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity or associational preference. The Jule is committed to ensuring no person is excluded from participation in or denied the benefits of its services on the basis of disability.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact The Jule Transit Office 563-589-4196. The completed form must be returned to The Jule Transit, 950 Elm Street, Dubuque, Iowa 52001.

| | |
|------------------------|-----------------------|
| NAME: | DAYTIME PHONE: |
| STREET ADDRESS: | CITY: |
| STATE: | ZIP CODE: |

Person discriminated against (if someone other than complainant):

Have you filed a complaint with any other federal, state, or local agencies regarding this incident? ☐ Yes ☐ No

If yes, list agency/agencies and contact information:

| | |
|----------------|----------------------|
| AGENCY: | CONTACT NAME: |
| | PHONE NUMBER: |

| | |
|----------------|----------------------|
| AGENCY: | CONTACT NAME: |
| | PHONE NUMBER: |

Describe the alleged ADA discrimination incident. Provide the date, location, and names and titles of any individuals/employees involved. Explain what happened, whom you believe was responsible, and any other specific relevant information. Please use an additional sheet of paper if more space is required.

I affirm that I have read the above charge and it is true to the best of my knowledge.

Complainant's signature: _____

Printed name of complainant: _____

Please mail your completed form to: The Jule – ADA Complaint 950 Elm Street, Dubuque, IA 52001

Office Use Only - Received by: _____ Date: _____